Under the Pape						d to a collection of		as it dispi	lays a valid OMB	control number
(2)	TEN:	PLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Application or Docket Number 10/673961								
	С	.4S AS FILED - P			ART I (Column 2)		L ENTITY	OR		R THAN ENTITY
FOR		NUMBER FILED		NUM	NUMBER EXTRA		FEE	1	RATE	FEE
BASIC FEE (37 CFR 1.18(a)				··		RATE		OR		,
TOTAL CLAIMS (37 CFR 1.16(c),		72	minus 2	0 - 1	2	х в	.	OR	1.18.	36
INDEPENDENT (37 CFR 1.16(b)	IMS	3	minue	,		x	. - -	OR	X 1	00
MULTIPLE DEP	ENTC	RESENT (37 CFR 1.18(d))				1	11	OR	+1	
• If the difference	colun.	ri. 'ess than zero, enter '0' in column 2.				TOTAL	1 1	OR	TOTAL	pa.
	CLAIS.	S JAM	IENDED	- PART II						7
	(C	1)		(Column 2)	(Calumn 3)	SMALI	LENTITY	OR		R THAN . ENTITY
A 8.17.	R.	S HIG R MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (27 CFR 1.14.) (17 CFR 1.14.)	1	6	Minus	" 22	-	× s=	1 1	OR	x \$=	
Independent (37 CFR 1.16.1)		<u>3</u> _	Minus	3	*	x 4		OR	x \$=	
FIRST PRET	OITAT	, ATIPL	E OEPENDI	ENT CLAIM (37 C	FR 1.16(d))	+5		OR	+5=	
						TOTAL ADD'L FEE	1.	OR	TOTAL ADD'L FEE	1
1 8	<u>(c</u>	· 1 <u>) _</u>		(Column 2)	(Column 3)					
Total (17 CFR 1.12 MY) Kings per se	RE AM	iiG -NT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	AODI- TIONAL FEE
Total profit i.iq.ii		13_	Minus	. 220	= /	x <u>, 25</u> _		OR	x <u>; 50</u> =	
Independent (37 CFR 1,12	<u> </u>	3	Minus	··· 3	7	x s 100		OR	x 1, 200,	
FIRST PRESE	FIRST PRESE TATION - PLTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							OR	+, 36Q	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	(C ·u			(Column 2)	(Column 3)	<u></u>	·			
TOH!	R A	4: /3 T <u>NT</u>		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
			Minus	••	•	x 8=		OR	x \$=	
Independent (3/ CFR 1.1%).			Minus			X \$ =		OR	x \$=	
FIRST PRES IN	AHON	ていれる	DEPENDE	NT CLAIM (37 CF	R 1.18(d))	+3		OR	+ \$=	
- <u>-</u>						TOTAL ADD'L FEE		OR .	TOTAL ADD'L FÉE	
* If the entry is ** If the 'High st *** If the 'High st	umti P	i isly	Pald For 1	in column 2, write N THIS SPACE I N THIS SPACE I	s less than 20, e	i. inter "20",				
Tris "Highe"	10t	sly P	ald For" (Te	otal or independe	enf) is the highes	at number found in ed to obtain or re	the appropriate	box in co	lumn 1. Jir which is to fit	a (and by the
SPTO to process + cluding gathering, in the environt of time	ipplic it aring a	Confid submiti	enti ality is ling the co	governed by 35 t mpleted applicati	U.S.C. 122 and I on form to the U	37 CFR 1.14. This SPTO, Time will a g this burden, sho	s collection is es vary depending t	timated to opon the li	o take 12 minutes ndividual case. A	to complete, ny comments
od Tredemark Of Le DDRESS, SEMS 1		H ∈€NIOI	Commerc		I, Alexendria, VA	22313-1450. DO				

TO need assistance in completing the form, call 1-800-PTO-9199 and select option 2.